## 2.4 The actual influx.

The Iranian authorities seem to be concerned about a good management of the repatriation. As long as the roads, inside Afghanistan, were closed, the repatriation did not start. An agreement between UNHCR and The Iran Govt to limit the 1995 returnees to 500,000 will hopefully be adhered to. Since the 1st of June, the transfer started slowly the first week: 1'218 persons. It came to 1'000 a day during June. The last week of June, between 1'000 and 2'000 persons were crossing every day. These figures have been announced by the Iranian side from the beginning, if they respect their promise, it should not be more than 2'000 / day. Verbal agreement is that 1 month warning for departure would be given but cases of only 1 - 5 days have been reported. But the governor of the Iranian bordering province is considered a "tuff" guy, and does not seem very co-operative.

PREVIOUS REPATRIATION of returnees that have crossed the border under the UNHCR encashment programme:

1992 : 6,925 people
1993 : 337,495 people
1994 : 121,402 people

TOTAL: From 1st December 1992 - 23 March 1995 is 469,287, However an estimated 500,000 have crossed'out side the programme.

1995 summary :

| Date | Returnees |
|---|---|
| 1/1 - 31/5 : | 5'000 |
| 1/6 - 8/7 : | 33'000 |
| 2/6 - 9/6 : | 1'218 |
| 10/6 - 15/6 : | 5'826 ( Average of 1'000 / day) |
| 16/6 - 22/6 : | 5'551 ( for these 2 weeks). |
| 23/6 - 8/7 : | 20,405 ( average of 1'500 to 1'600 persons/ day), |

According to UNHCR, it will continue with this daily average with a maximum of 2'000 a day.

This year, 35 % of the returnees are from Herat ( 60 % the previous years ).

A lot of families as well as singles are returning ( legal refugees and illegal migrants ).

It is impossible to know in advance the destination of the newcomers.

## 2.5 Transit camp conditions and data.

GOZARGA TRANSIT CAMP ( GTC ) & UN Transit Centres:

Location & Capacity

GTC is located at the limit of the city. It is on a hilly desert terrain. Having a capacity of 5'000 people. This is the first of 2 designated transit camps. If capacity exceeds itself then the second camp (Rowza) will be opened.
Returnees stay here for periods of 5 to 30 days while awaiting family members to catch up or for medical reasons (eg pregnant, sick). Once ready they group up and leave for their place of origin. This is the planned method although there are some 200 people who arrived 3 months ago, still living in the camp.
The big influx started around the 10th of June. Between the 14th of June and the 3rd of July, 898 families were admitted in the T.C.. During June, the T.C. was never completely full: around 3 to 4'000. A lot of returning people are from close regions of Herat and prefer not to stay in the TC but rather go direct to their homes or settle inside Herat with friends or relatives.

On the 6 th of July, 901 families were in the T.C., UNHCR made a survey among the families: why have they not left yet.
The answers were:
- 242 families will leave in the next week
- 410 fam. are waiting for relatives
- 12 fam. have sick people or pregnant women.
- 240 remaining fam. don't want to go,
  Don't know where to go.
  or won't go because of Security reasons.

UNHCR made a meeting with the ministry of repatriation to make clear that these camps are transit centres and are not permanent camps and that the duration of stay should not exceed 7 days. Should People continue to stay for long periods of time IOM intends to come up with ultimatums to ensure that they will. (eg no free transport after 7 days. No further incentives etc.)

Water and Sanitation.

6 covered wells with hand pump, 3 are functional. At present the water table has dropped due to the extended dry spell. DACAAR through the UN and IOM are deepening the 3 dry wells and plan to sink some extra deep bores holes within the next weeks. To cover the present need 2 water tankers are on temporary use.
Latrines are built to service 100 people for 1 unit and a septic truck extracts the waste when so needed. The camp is kept rather clean with garbage facilities accommodated for.

Conditions of admission & assistance

**Non Herati families** are admitted in the T.C., registered by IOM. i.e.: Herati and singles are not admitted in the transit camp. They receive a tent for the duration of their stay in the T.C. They don't receive food.

State of the population, Medical & Nutritional state

It is evident that these returnees were well catered for while in Iran. Their condition is heathy and strong. They are well groomed and experienced with personnel health and hygiene codes. Trading of goods is common with most families allowing for variety merchandise, (food, clothing, general commodities.).

ROWZA: Second transit camp

The site is approx. 10 km from the city, on the road towards the airport. It has not yet opened but has a planned capacity of 440 tents, (4/5,000 people) the site is on flat ground, being fenced by a wall on 3 sides. There will be 10 wells with hand pumps and 6 blocks of 8 latrines. The wells have been dug, with the hand pumps soon to be installed, the last block of latrines is almost completed. When people are accommodated here, the NGO's working in the GTC have committed them selves into expanding their facilities to here as well. (MDM - medical) DACAAR - W & S, etc). There is no intention of any govt or UN agency to plan for a third camp as they fear to do so would only provoke the Iranian authorities to increase the flow of returnees into Afghanistan.

Others camps in Herat

There are 2 other camps in the city. These camps are for the un-documented displaced people: Minarets camp and City Transit Camp ( C.T.C.) are both government run with UNHCR providing assistance packages to them. Care and maintenance is carried out by the NGO's namely MDM, IFRC, and DACAAR.

In the Minarets camp, 1'360 persons are living. Most displaced are from Kunduz and Baglan. There have been problems relating to Water, sanitation and nutrition but these issues are presently being attended to. 3 out of 5 wells were out of use, Nutrition was reported as 4% of under 10yrs.

The C.T.C. houses 1,500 persons with more room still available. This figure includes Tajik families. The incidence of malnutrition is less than 3% amongst the under 10 age group.

It is also estimated that 3,000 persons are living with relatives in Herat city and some 10,000 are living in the region from Kabul to Tajikistan.

## 2.6 Medical facilities.

HEALTH STRUCTURES:

MDM dispensary

A building at the periphery of the Gozaraga transit camp is used as the MDM dispensary: General Consultations from sun - thurs and half day on saturdays. EPI : 2 mornings / week, Most of the children have been vaccinated, however most of the cards are lost and Malnutrition consultations: 1 afternoon.

Epidemiological report for June collected by MDM:

| DISEASES | < 5 | 5 - 14 | > 14 | Total | % |
|---|---|---|---|---|---|
| Diarrhoea | 246 | 33 | 31 | 310 | 25.1 |
| Diarrhoea + dehydration | 0 | 9 | 0 | 9 | 0.7 |
| Dysentery | 27 | 3 | 29 | 59 | 4.8 |
| Skin disorder | 12 | 7 | 9 | 28 | 2.3 |
| U.R.T.I. | 130 | 50 | 98 | 278 | 22.6 |
| L.R.T.I. | 9 | 0 | 0 | 9 | 0.7 |
| Marasmus | 55 | 4 | 0 | 59 | 4.8 |
| Eye Infection | 7 | 8 | 31 | 46 | 3.7 |
| Others | 54 | 47 | 76 | 177+260 | 35.3 |
| Total | 540 | 161 | 274 | 1235 | 100 |
| Hospitalisation | 17 | 9 | 9 | 35 | |

SEE ALSO ANNEX, FOR MDM DATA

## 2.7 Conditions of departure, health prevention.

DEPARTURE FROM HERAT:

1 - Transport: organisation & assistance by IOM

IOM re-registers the families who have been registered previously by UNHCR in I.Q.. IOM then rents trucks or buses to transport the people to their retrospective province. Most returnees bring with them the possessions they have accumulated during their exile. Usually 3 - 4 families, each with approx 370kg, need one truck to move their goods.
Note: It was proposed by President Burhanudin Rabbani to airlift returnees to Kabal however due to the size and expense of the operation this would not seem possible. Road access is the only realistic means possible.

Three different routes are possible: - to the North ( Maimana, Mazar, Kunduz, Takhar and Badaxan )
- to the East ( Lal, Bamyan, Ghor)
- to the South ( Kandahar, Ghazni, Kabul )

For the northern route, Over the past years this route has proved to be extreamly problematic due to poor road conditions and insecurity. The recent blowing up of the bridge at Bala Morghab, in Badghis, has made it even more difficult. UNHCR / IOM pays 100% of the transport costs till the Murgab river. A ferry shuttles people and goods across the river. The returnees are at their own expense after this crossing.

For the Eastern route, the transport is paid till Lal. This route is seasonally blocked by snow and is usually only passable for 4 months of the year. Another problem is that there are only two water points along route. With the present numbers it is possible to obtain drinking water from this source. Should transit figures of returnees along this road increase then it would be necessary to increase, protect and strengthen the water supply systems there. Little is known about the security situation but fighting is often near to chaghcharan. Travel is restricted during such an event.

For the southern route, the transport is paid till the end. The UN policy is to pay partially the transport if the destination is not far ( 50 to 80 % of the cost ) and 100 % if long distances. Given that security remains as is then transit via this direction is possible.

Health prevention

Beside the MDM dispensary, IOM employs 2 doctors: 1 at the registration point and 1 is doing home visiting. The home visiting doctor gives advise about the prevention of diarrhoea, cholera and dehydration. This is done through hand-outs and general group discussion. Micropur tablets, water purification tablets, and ORS sachet are distributed to everyone, with the explanations of usage during the trip. When families have children, they distribute some high protein biscuits (not BP 5). After the transport vehicles have been loaded with the families and goods these IOM doctors finalise the load with a check to ensure there is no overcrowding, that every one is healthy and fit for the journey, (pregnant mothers, sick individuals). If one family member is unfit for travel then the complete family remains in the TC until he/ she is ready.

**ILLEGAL MIGRANTS:**

The general policy is that they have to manage for themselves. No assistance is given to them and transportation is at their own arrangement. Individuals above 16 years of age without proof of ID or they are not part of a family group are within this category. But there are exceptions. Example: a man, alone, with almost no luggage, could be allowed by the UN to benefit from a seat in a truck if there is place, or if after thorough questioning he is proven to be eligible for assistance (part of a family, dialect, historical issues etc.).

## 2.8 Final destination of returnees.

IOM receives security, road conditions, issues and other feedback from the trucks drivers, A Loaders receipt is also signed by the provincial authorities at their destination, saying the people arrived safely to that city and also a representative of the passengers will sign to approve of the services given along the way. (regular stops for food, water and prayer etc). After of-loading the passengers and their belongings, the drivers return, to Herat, with this signed paper to collect the last half of transport costs.

Apart from the local authorities being informed as to the number of people returning to the province, there is usually no further follow up or assistance given to the returnees. They are on their own.

Average returnee population percentage to the various provinces. up to the 06/07/95

| Provence | @ Percentage | Passengers |
|---|---|---|
| BALKH | 14.5 | 670 |
| RAGHLAN | 1.5 | 69 |
| BAMIYAN | 31 | 1,454 |
| FARYAB | 0.5 | 21 |
| GHOR | 17.5 | 821 |
| GHAZNI | 1.5 | 74 |
| JAZIAN | 0.5 | 31 |
| KABAL | 21.5 | 1,001 |
| KUNDUZ | 1 | 38 |
| KAPISA | 0 | 0 |
| NIMROZ | 1 | 26 |
| PARWAN | 0.25 | 11 |
| QANDAHAR | 2.5 | 118 |
| SAMANGAN | 0.05 | 2 |
| TAKHAR | 0.2 | 8 |
| URUZGAN | 5.5 | 250 |
| WARDAK | 1 | 41 |
| OTHER | 0.25 | 10 |
| | | 4,645 |

Returnee figures between Islam Qala and Herat is unknown.

## 4. The conclusion and recommendations:

### 4.1 CONCLUSION:

For the moment, the situation is under control. But, the future situation is unpredictable, as usual, in Afghanistan and things may change quickly. The 2 front lines ( north with Dostum and south with the Talebans ) are quiet and presently don't prevent the repatriation process. In case of fighting, the roads will close partially or totally and the returnees will be stuck. What will be the attitude of the Iranian authorities??? (Next UN/Iran meeting 22nd July)
Some returnees have already decided to stay in Herat or to delay their departure. This might become a problem when the number of these families exceed camp capacity.
UNHCR Herat can be relied upon to ask for the assistance of MSF for Herat when issues arise. A example of this measure was taken late last month when they were concerned about MDM's expansion capability. Communication was lost in Islamabad and as a result we did not respond to their request. MDM has since been able to find adequate funding and have expanded their HR from 4 to 9. The concern of UNHCR has subsided. Given that the link of notification is secure this type of request could be quickly addressed.

### 4.2 RECOMMENDATIONS:

There is no immediate MSF in-put needed at this time. Close monitoring of access road from Herat should be done by the nearest MSF office. Should the political situation worsen causing the roads to be closed, we can expect a large increase of returnees, stuck in Herat. Even though the population figures of refugees entering Afghanistan is high, there is no need for additional support as the agencies present are managing the situation.

- IOM/UNHCR needs to make the people more confident about security in their area with public awareness measures, eg by bringing some public figures form the suspect areas, to have them come and talk to the returnees about the situation.

---( END REPORT )---

# Morbidity in Pediatric Ward - HERAT Hospital

| | January to April 1994 | | | | | | January to April 1995 | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| *Diseases* | *Jan.* | *Feb.* | *March* | *April* | *total* | *%* | *Jan.* | *Feb.* | *March* | *April* | *total* | *%* |
| Acute Gastroenteritis | 13 | 24 | 36 | 95 | 168 | 16.4% | 11 | 43 | 41 | 165 | 260 | 22.1% |
| Dysentery | 1 | 9 | 7 | 4 | 21 | 2.0% | 2 | 9 | 4 | 5 | 20 | 1.7% |
| Typhoid fever | 82 | 72 | 52 | 44 | 250 | 24.4% | 92 | 117 | 65 | 80 | 354 | 30.2% |
| Hepatitis | 0 | 1 | 1 | 2 | 4 | 0.4% | 1 | 6 | 0 | 3 | 10 | 0.9% |
| | | | | | | | | | | | | |
| Bronchopneumonia | 130 | 58 | 43 | 35 | 266 | 25.9% | 46 | 79 | 48 | 41 | 214 | 18.2% |
| Asthma | 1 | 1 | 5 | 3 | 10 | 1.0% | 0 | 3 | 2 | 2 | 7 | 0.6% |
| | | | | | 0 | 0.0% | | | | | 0 | 0.0% |
| Acute Nephritis | 0 | 2 | 4 | 2 | 8 | 0.8% | 0 | 2 | 1 | 0 | 3 | 0.3% |
| Nephrotic Syndrome | 1 | 0 | 0 | 1 | 2 | 0.2% | 1 | 2 | 1 | 0 | 4 | 0.3% |
| Urinary Tract Infection | 1 | 1 | 4 | 2 | 8 | 0.8% | 5 | 5 | 1 | 3 | 14 | 1.2% |
| | | | | | | | | | | | | |
| Meningitis | 3 | 2 | 3 | 2 | 10 | 1.0% | 5 | 10 | 3 | 7 | 25 | 2.1% |
| TB-Encephalitis | 1 | 1 | 1 | 0 | 3 | 0.3% | 1 | 1 | 0 | 2 | 4 | 0.3% |
| Epilepsy | 0 | 0 | 0 | 0 | 0 | 0.0% | 1 | 3 | 0 | 4 | 8 | 0.7% |
| Fever Convulsions | 7 | 10 | 6 | 1 | 24 | 2.3% | 4 | 5 | 2 | 5 | 16 | 1.4% |
| | | | | | | | | | | | | |
| Congenital Heart Disease | 1 | 0 | 0 | 0 | 1 | 0.1% | 0 | 0 | 1 | 1 | 2 | 0.2% |
| Rhumatic Heart Disease | 0 | 0 | 0 | 0 | 0 | 0.0% | 0 | 1 | 0 | 0 | 1 | 0.1% |
| | | | | | | | | | | | | |
| Tetanos | 0 | 0 | 2 | 2 | 4 | 0.4% | 1 | 0 | 0 | 4 | 5 | 0.4% |
| Poliomyelitis | 0 | 0 | 1 | 1 | 2 | 0.2% | 0 | 0 | 0 | 0 | 0 | 0.0% |
| Diphteria | 0 | 1 | 0 | 0 | 1 | 0.1% | 0 | 0 | 0 | 0 | 0 | 0.0% |
| Whooping Cough | 0 | 1 | 1 | 1 | 3 | 0.3% | 0 | 0 | 0 | 1 | 1 | 0.1% |
| Measles | 5 | 5 | 5 | 18 | 33 | 3.2% | 1 | 1 | 2 | 1 | 5 | 0.4% |
| Pulmonary TB | 0 | 0 | 1 | 2 | 3 | 0.3% | 4 | 7 | 2 | 3 | 16 | 1.4% |
| Malaria | 0 | 0 | 0 | 0 | 0 | 0.0% | 0 | 0 | 0 | 0 | 0 | 0.0% |
| | | | | | | | | | | | | |
| Sepsis | 19 | 13 | 11 | 24 | 67 | 6.5% | 14 | 13 | 8 | 23 | 58 | 4.9% |
| Poisoning | 5 | 1 | 6 | 4 | 16 | 1.6% | 0 | 0 | 8 | 10 | 18 | 1.5% |
| Others | 27 | 33 | 36 | 26 | 122 | 11.9% | 31 | 34 | 23 | 41 | 129 | 11.0% |
| | | | | | | | | | | | | |
| Total | 297 | 235 | 225 | 269 | 1026 | 100.0% | 220 | 341 | 212 | 401 | 1174 | 100.0% |

# Morbidity in Pediatric Ward - HERAT Hospital

January to December 1994

| Diseases | Jan. | Feb. | March | April | May | June | July | Aug. | Sept. | Oct; | Nov; | Dec. | Total | % |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Acute Gastroenteritis | 13 | 24 | 36 | 95 | 234 | 361 | 451 | 401 | 341 | 115 | 73 | 25 | 2169 | 39.7% |
| Dysentery | 1 | 9 | 7 | 4 | 12 | 21 | 29 | 22 | 13 | 19 | 5 | 5 | 147 | 2.7% |
| Typhoid fever | 82 | 72 | 52 | 44 | 90 | 130 | 163 | 228 | 143 | 116 | 113 | 188 | 1421 | 26.0% |
| Hepatitis | 0 | 1 | 1 | 2 | 2 | 1 | 0 | 0 | 0 | 6 | 7 | 1 | 21 | 0.4% |
| | | | | | | | | | | | | | | -- |
| Bronchopneumonia | 130 | 58 | 43 | 35 | 23 | 38 | 36 | 24 | 15 | 17 | 19 | 105 | 543 | 9.9% |
| Asthma | 1 | 1 | 5 | 3 | 2 | 1 | 1 | 2 | 2 | 1 | 0 | 0 | 19 | 0.3% |
| | | | | | | | | | | | | | | |
| Acute Nephritis | 0 | 2 | 4 | 2 | 0 | 0 | 2 | 3 | 2 | 1 | 0 | 0 | 16 | 0.3% |
| Nephrotic Syndrome | 1 | 0 | 0 | 1 | 1 | 1 | 0 | 0 | 0 | 2 | 0 | 0 | 6 | 0.1% |
| Urinary Tract infection | 1 | 1 | 4 | 2 | 0 | 4 | 4 | 0 | 1 | 4 | 5 | 0 | 26 | 0.5% |
| | | | | | | | | | | | | | | |
| Meningitis | 3 | 2 | 3 | 2 | 2 | 8 | 10 | 4 | 5 | 8 | 7 | 5 | 59 | 1.1% |
| TB-Encephalitis | 1 | 1 | 1 | 0 | 2 | 0 | 0 | 3 | 4 | 1 | 1 | 0 | 14 | 0.3% |
| Epilepsy | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0% |
| Fever Convulsions | 7 | 10 | 6 | 1 | 9 | 10 | 12 | 2 | 5 | 2 | 5 | 6 | 75 | 1.4% |
| | | | | | | | | | | | | | | |
| Congenital Heart Disease | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0.0% |
| Rhumatic Heart Disease | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0% |
| | | | | | | | | | | | | | | |
| Tetanos | 0 | 0 | 2 | 2 | 1 | 0 | 0 | 1 | 0 | 0 | 2 | 2 | 10 | 0.2% |
| Poliomyelitis | 0 | 0 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 4 | 0.1% |
| Diphteria | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0.0% |
| Whooping Cough | 0 | 1 | 1 | 1 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 6 | 0.1% |
| Measles | 5 | 5 | 5 | 18 | 19 | 28 | 8 | 0 | 0 | 0 | 0 | 1 | 89 | 1.6% |
| Pulmonary TB | 0 | 0 | 1 | 2 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 0.1% |
| Malaria | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0% |
| | | | | | | | | | | | | | | |
| Sepsis | 19 | 13 | 11 | 24 | 13 | 34 | 52 | 50 | 19 | 16 | 15 | 8 | 274 | 5.0% |
| Poisoning | 5 | 1 | 6 | 4 | 6 | 6 | 21 | 9 | 9 | 11 | 11 | 3 | 92 | 1.7% |
| Others | 27 | 33 | 36 | 26 | 54 | 34 | 73 | 56 | 58 | 25 | 17 | 34 | 473 | 8.6% |
| | | | | | | | | | | | | | | |
| Total | 297 | 235 | 225 | 269 | 474 | 677 | 862 | 805 | 617 | 345 | 280 | 384 | 5470 | |

**Rapport mensuel:**

**Pathologies rencontrées aux consultations des dispensaires des camps de refugiés**

**Camp:** MINARET
**Mois:** Mai-95

| ***Diagnostic:*** | <2 mois | 2mois-5ans | 5ans-14ans | adultes | total | % |
|---|---|---|---|---|---|---|
| Pneumonie | 2 | 5 | 0 | 0 | 7 | 0.6% |
| Toux | 5 | 106 | 50 | 41 | 202 | 18.2% |
| Toux prolongé | 0 | 0 | 14 | 75 | 89 | 8.0% |
| Maux de gorge | 0 | 3 | 10 | 16 | 29 | 2.6% |
| Otalgie | 0 | 2 | 2 | 3 | 7 | 0.6% |
| Ecoulement auriculaire | 0 | 2 | 4 | 0 | 6 | 0.5% |
| Conjonctivitis | 0 | 2 | 5 | 13 | 20 | 1.8% |
| | | | | | | |
| Diarrhée | 7 | 96 | 48 | 36 | 187 | 16.9% |
| Diarrhée invasive | 0 | 6 | 7 | 5 | 18 | 1.6% |
| Diarrhée + deshydratation | 0 | 3 | 0 | 0 | 3 | 0.3% |
| Fiévre typhoide | 0 | 2 | 4 | 4 | 10 | 0.9% |
| | | | | | | |
| Parasitoses | 0 | 59 | 48 | 7 | 114 | 10.3% |
| | | | | | | |
| Marasmus | 0 | 7 | 2 | 0 | 9 | 0.8% |
| Kwashiakor | 0 | 0 | 0 | 0 | 0 | 0.0% |
| Anémie | 0 | 0 | 12 | 63 | 75 | 6.8% |
| | | | | | | |
| Tuberculose | 0 | 0 | 1 | 2 | 3 | 0.3% |
| Poliomylitis | 0 | 0 | 0 | 0 | 0 | 0.0% |
| Coqueluche | 0 | 0 | 0 | 0 | 0 | 0.0% |
| Diphteria | 0 | 0 | 0 | 0 | 0 | 0.0% |
| nos | 0 | 0 | 0 | 0 | 0 | 0.0% |
| Paludisme | 0 | 0 | 0 | 0 | 0 | 0.0% |
| MST | 0 | 0 | 0 | 0 | 0 | 0.0% |
| | | | | | | |
| Infections urinaire | 0 | 3 | 5 | 20 | 28 | 2.5% |
| Infections dermiques | 0 | 10 | 19 | 18 | 47 | 4.2% |
| Traumatologie | 0 | 3 | 3 | 3 | 9 | 0.8% |
| Brulures | 0 | 0 | 0 | 0 | 0 | 0.0% |
| Autres | | | | | 244 | 22.0% |
| | | | | | | |
| Total | 14 | 309 | 234 | 306 | 1107 | 100.0% |
| Hospitalisation | | | | | 0 | |

ACBAR

# FOLLOW-UP MISSION
# IN HERAT, AFGHANISTAN,
# CONCERNING THE RETURNEES FROM IRAN

The purpose of this mission was to give a broader overview of the present situation in Herat and to formulate an Emergency Preparedness Plan accordingly.

This report is to be read as a follow up to the Assessment Mission of April by MSF to Herat.

Assessment Period - 4 - 14 July 1995.

Compiled by: Elisabeth Poulet. (MD - MSF-B)
Wayne Ulrich. (EC - MSF-H)

**Rapport mensuel:**

**Pathologies rencontrées aux consultations des dispensaires des camps de refuglés**

**Camp:** CTC
**Mois:** Mai-95

| *Diagnostic:* | <2 mois | 2mois-5ans | 5ans-14ans | adultes | total | % |
|---|---|---|---|---|---|---|
| Pneumonie | 0 | 1 | 1 | 1 | 3 | 0.5% |
| Toux | 7 | 61 | 30 | 52 | 150 | 23.0% |
| Toux prolongé | 0 | 0 | 0 | 4 | 4 | 0.6% |
| Maux de gorge | 0 | 0 | 1 | 5 | 6 | 0.9% |
| Otalgie | 0 | 5 | 2 | 8 | 15 | 2.3% |
| Ecoulement auriculaire | 0 | 0 | 0 | 0 | 0 | 0.0% |
| Conjonctivitis | 1 | 3 | 2 | 10 | 16 | 2.5% |
| | | | | | | |
| Diarrhée | 3 | 44 | 1 | 9 | 57 | 8.8% |
| Diarrhée invasive | 0 | 0 | 0 | 0 | 0 | 0.0% |
| Diarrhée + deshydratation | 0 | 0 | 0 | 0 | 0 | 0.0% |
| Fiévre typhoide | 0 | 0 | 0 | 0 | 0 | 0.0% |
| | | | | | | |
| Parasitoses | 0 | 51 | 35 | 40 | 126 | 19.4% |
| | | | | | | |
| Marasmus | 0 | 0 | 0 | 0 | 0 | 0.0% |
| Kwashiakor | 0 | 0 | 0 | 0 | 0 | 0.0% |
| Anémie | 0 | 0 | 0 | 4 | 4 | 0.6% |
| | | | | | | |
| Tuberculose | 0 | 0 | 0 | 0 | 0 | 0.0% |
| Poliomylitis | 0 | 0 | 0 | 0 | 0 | 0.0% |
| Coqueluche | 0 | 0 | 0 | 0 | 0 | 0.0% |
| Diphteria | 0 | 0 | 0 | 0 | 0 | 0.0% |
| Tetanos | 0 | 0 | 0 | 0 | 0 | 0.0% |
| Paludisme | 0 | 0 | 0 | 0 | 0 | 0.0% |
| MST | 0 | 0 | 0 | 0 | 0 | 0.0% |
| | | | | | | |
| Infections urinaire | 0 | 2 | 0 | 13 | 15 | 2.3% |
| Infections dermiques | 1 | 9 | 2 | 4 | 16 | 2.5% |
| Traumatologie | 0 | 6 | 8 | 1 | 15 | 2.3% |
| Brulures | 0 | 7 | 0 | 0 | 7 | 1.1% |
| Autres | 0 | 4 | 8 | 205 | 217 | 33.3% |
| | | | | | | |
| Total | 12 | 193 | 90 | 356 | 651 | 100.0% |
| Hospitalisation | 0 | 0 | 0 | 0 | 0 | |

**Rapport mensuel:**

**Pathologies rencontrées aux consultations des dispensaires des camps de refugiés**

**Camp:** GOZARGAH
**Mois:** Mai-95

| *Diagnostic:* | <2 mois | 2mois-5ans | 5ans-14ans | adultes | total | % |
|---|---|---|---|---|---|---|
| Pneumonie | 6 | 2 | 0 | 0 | 8 | 1.3% |
| Toux | 6 | 61 | 20 | 37 | 124 | 20.4% |
| Toux prolongé | 0 | 3 | 0 | 12 | 15 | 2.5% |
| Maux de gorge | 0 | 1 | 7 | 4 | 12 | 2.0% |
| Otalgie | 0 | 5 | 0 | 2 | 7 | 1.2% |
| Ecoulement auriculaire | 0 | 7 | 2 | 1 | 10 | 1.6% |
| Conjonctivitis | 1 | 3 | 2 | 15 | 21 | 3.5% |
| | | | | | | |
| Diarrhée | 2 | 85 | 19 | 7 | 113 | 18.6% |
| Diarrhée invasive | 0 | 8 | 6 | 9 | 23 | 3.8% |
| Diarrhée + deshydratation | 0 | 0 | 0 | 0 | 0 | 0.0% |
| Fiévre typhoide | 0 | 0 | 1 | 1 | 2 | 0.3% |
| | | | | | | |
| Parasitoses | 0 | 29 | 26 | 16 | 71 | 11.7% |
| | | | | | | |
| Marasmus | 0 | 9 | 0 | 0 | 9 | 1.5% |
| Kwashiakor | 0 | 1 | 0 | 0 | 1 | 0.2% |
| Anémie | 0 | 12 | 3 | 34 | 49 | 8.1% |
| | | | | | | |
| Tuberculose | 0 | 0 | 0 | 1 | 1 | 0.2% |
| Poliomylitis | 0 | 0 | 0 | 0 | 0 | 0.0% |
| Coqueluche | 0 | 0 | 0 | 0 | 0 | 0.0% |
| Diphteria | 0 | 0 | 0 | 0 | 0 | 0.0% |
| [illegible]tanos | 0 | 0 | 0 | 0 | 0 | 0.0% |
| Paludisme | 0 | 0 | 0 | 0 | 0 | 0.0% |
| MST | 0 | 0 | 0 | 0 | 0 | 0.0% |
| | | | | | | |
| Infections urinaire | 0 | 5 | 2 | 8 | 15 | 2.5% |
| Infections dermiques | 0 | 10 | 5 | 9 | 24 | 4.0% |
| Traumatologie | 0 | 1 | 0 | 2 | 3 | 0.5% |
| Brulures | 0 | 1 | 0 | 0 | 1 | 0.2% |
| Autres | 0 | 2 | 0 | 0 | 98 | 16.1% |
| | | | | | | |
| Total | 15 | 245 | 93 | 158 | 607 | 100.0% |
| Hospitalisation | 1 | 5 | 3 | 2 | 11 | |

**Rapport mensuel:**

**Pathologies rencontrées aux consultations des dispensaires des camps de refugiés**

Camp: GOZARGAH
Mois: JUNE 1995

| ***Diagnostic:*** | <2 mois | 2mois-5ans | 5ans-14ans | adultes | total | % |
|---|---|---|---|---|---|---|
| Pneumonie | 1 | 8 | 0 | 0 | 9 | 0.7% |
| Toux | 6 | 111 | 40 | 74 | 231 | 18.7% |
| Toux prolongé | 0 | 1 | 1 | 11 | 13 | 1.1% |
| Maux de gorge | 0 | 5 | 3 | 10 | 18 | 1.5% |
| Otalgie | 0 | 2 | 2 | 2 | 6 | 0.5% |
| [illegible]llement auriculaire | 0 | 5 | 4 | 1 | 10 | 0.8% |
| [illegible]onjonctivitis | 0 | 7 | 8 | 31 | 46 | 3.7% |
| | | | | | | |
| Diarrhée | 3 | 243 | 33 | 31 | 310 | 25.1% |
| Diarrhée invasive | 1 | 26 | 3 | 29 | 59 | 4.8% |
| Diarrhée + deshydratation | 0 | 9 | 0 | 0 | 9 | 0.7% |
| Fiévre typhoide | 0 | 0 | 4 | 3 | 7 | 0.6% |
| | | | | | | |
| Parasitoses | 0 | 23 | 32 | 5 | 60 | 4.9% |
| | | | | | | |
| Marasmus | 1 | 54 | 4 | 0 | 59 | 4.8% |
| Kwashiakor | 0 | 0 | 0 | 0 | 0 | 0.0% |
| Anémie | 0 | 8 | 6 | 42 | 56 | 4.5% |
| | | | | | | |
| Tuberculose | 0 | 0 | 0 | 3 | 3 | 0.2% |
| Poliomylitis | 0 | 0 | 0 | 0 | 0 | 0.0% |
| Coqueluche | 0 | 0 | 0 | 0 | 0 | 0.0% |
| Diphteria | 0 | 0 | 0 | 0 | 0 | 0.0% |
| T[illegible]anos | 0 | 0 | 0 | 0 | 0 | 0.0% |
| [illegible]udisme | 0 | 0 | 0 | 0 | 0 | 0.0% |
| MST | 0 | 0 | 0 | 0 | 0 | 0.0% |
| | | | | | | |
| Infections urinaire | 0 | 1 | 4 | 19 | 24 | 1.9% |
| Infections dermiques | 1 | 11 | 7 | 9 | 28 | 2.3% |
| Traumatologie | 0 | 5 | 7 | 3 | 15 | 1.2% |
| Brulures | 0 | 8 | 3 | 1 | 12 | 1.0% |
| Autres | | | | | 260 | 21.1% |
| | | | | | | |
| Total | 13 | 527 | 161 | 274 | 1235 | 100.0% |
| Hospitalisation | 2 | 15 | 9 | 9 | 35 | |

**Rapport mensuel:**

**Pathologies rencontrées aux consultations des dispensaires des camps de refugiés**

Camp: CTC

Mois: June 1995

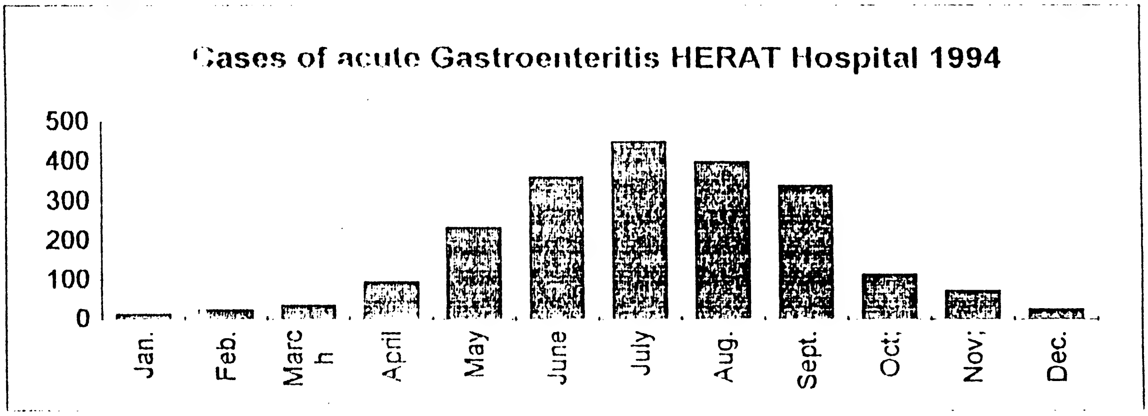
| *Diagnostic:* | <2 mois | 2mois-5ans | 5ans-14ans | adultes | total | % |
|---|---|---|---|---|---|---|
| Pneumonie | 0 | 2 | 0 | 0 | 2 | 0.3% |
| Toux | 1 | 46 | 18 | 57 | 122 | 17.8% |
| Toux prolongé | 0 | 0 | 0 | 12 | 12 | 1.8% |
| Maux de gorge | 0 | 0 | 3 | 6 | 9 | 1.3% |
| Otalgie | | 3 | 2 | 5 | 10 | 1.5% |
| [illegible]ulement auriculaire | 0 | 2 | 0 | 7 | 9 | 1.3% |
| [illegible]njonctivitis | 0 | 8 | 3 | 4 | 15 | 2.2% |
| | | | | | | |
| Diarrhée | 1 | 87 | 6 | 8 | 102 | 14.9% |
| Diarrhée invasive | 0 | 0 | 0 | 0 | 0 | 0.0% |
| Diarrhée + deshydratation | 0 | 0 | 0 | 0 | 0 | 0.0% |
| Fiévre typhoide | 0 | 0 | 0 | 0 | 0 | 0.0% |
| | | | | | | |
| Parasitoses | 0 | 29 | 9 | 18 | 56 | 8.2% |
| | | | | | | |
| Marasmus | 0 | 0 | 0 | 0 | 0 | 0.0% |
| Kwashiakor | 0 | 0 | 0 | 0 | 0 | 0.0% |
| Anémie | 0 | 1 | 0 | 7 | 8 | 1.2% |
| | | | | | | |
| Tuberculose | 0 | 0 | 0 | 0 | 0 | 0.0% |
| Poliomylitis | 0 | 0 | 0 | 0 | 0 | 0.0% |
| Coqueluche | 0 | 0 | 0 | 0 | 0 | 0.0% |
| Diphteria | 0 | 0 | 0 | 0 | 0 | 0.0% |
| T[illegible]tanos | 0 | 0 | 0 | 0 | 0 | 0.0% |
| [illegible]udisme | 0 | 0 | 0 | 0 | 0 | 0.0% |
| MST | 0 | 0 | 0 | 0 | 0 | 0.0% |
| | | | | | | |
| Infections urinaire | 0 | 0 | 1 | 20 | 21 | 3.1% |
| Infections dermiques | 0 | 13 | 3 | 10 | 26 | 3.8% |
| Traumatologie | 0 | 6 | 6 | 6 | 18 | 2.6% |
| Brulures | 0 | 2 | 5 | 0 | 7 | 1.0% |
| Autres | 0 | 27 | 5 | 236 | 268 | 39.1% |
| | | | | | | |
| Total | 2 | 226 | 61 | 396 | 685 | 100.0% |
| Hospitalisation | 0 | 0 | 0 | 2 | 2 | |

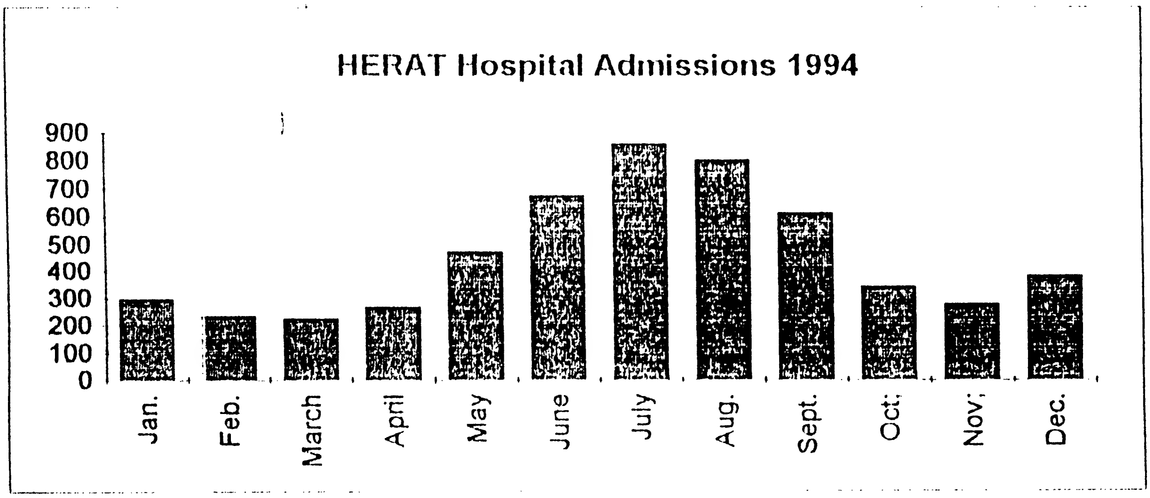
**Rapport mensuel:**

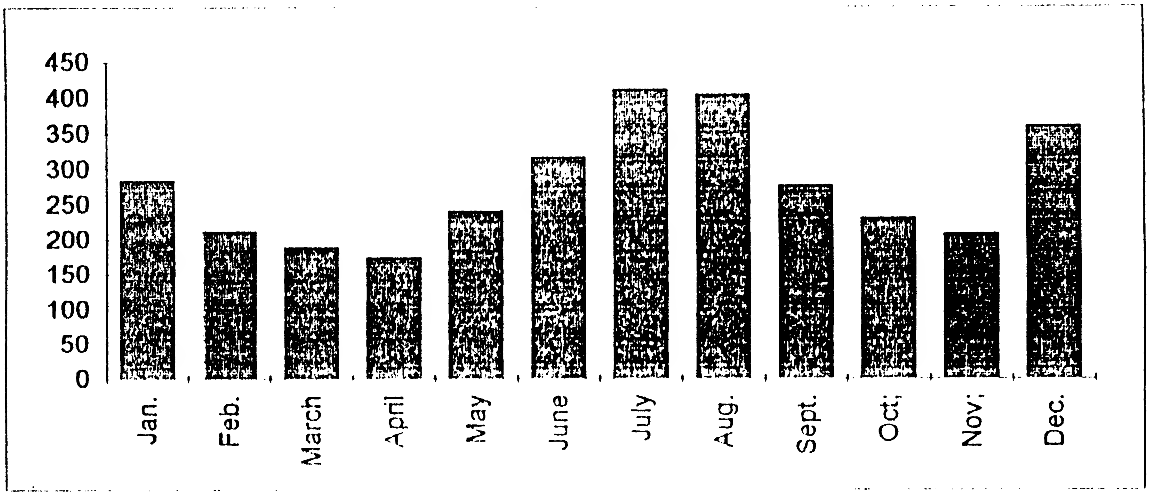
**Pathologies rencontrées aux consultations des dispensaires des camps de refugiés**

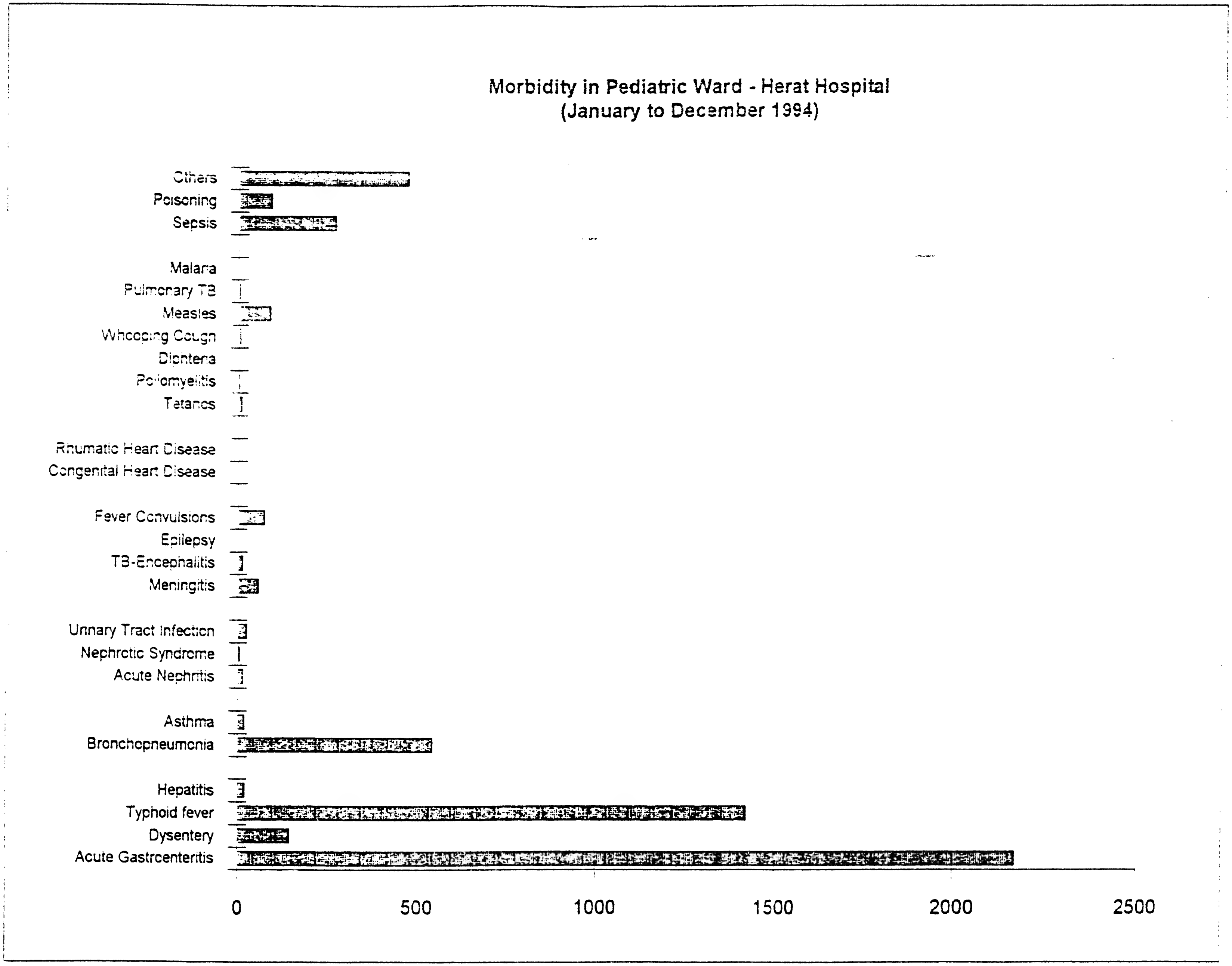
Camp: Minaret
Mois: June 1995

| ***Diagnostic:*** | <2 mois | 2mois-5ans | 5ans-14ans | adultes | total | % |
|---|---|---|---|---|---|---|
| Pneumonie | 5 | 4 | 0 | 8 | 17 | 1.2% |
| Toux | 50 | 24 | 22 | 42 | 138 | 9.8% |
| Toux prolongé | 0 | 1 | 0 | 9 | 10 | 0.7% |
| Maux de gorge | 1 | 10 | 54 | 47 | 112 | 7.9% |
| Otalgie | 0 | 0 | 0 | 1 | 1 | 0.1% |
| Ecoulement auriculaire | 1 | 0 | 4 | 1 | 6 | 0.4% |
| Conjonctivitis | 4 | 24 | 17 | 10 | 55 | 3.9% |
| | | | | | | |
| Diarrhée | 99 | 64 | 13 | 6 | 182 | 12.9% |
| Diarrhée invasive | 9 | 20 | 4 | 6 | 39 | 2.8% |
| Diarrhée + deshydratation | 0 | 3 | 0 | 0 | 3 | 0.2% |
| Fiévre typhoide | avec autres | | | | | |
| | | | | | | |
| Parasitoses | 5 | 16 | 18 | 13 | 52 | 3.7% |
| | | | | | | |
| Marasmus | 9 | 2 | 0 | 0 | 11 | 0.8% |
| Kwashiakor | 6 | 0 | 0 | 0 | 6 | 0.4% |
| Anémie | 0 | 2 | 0 | 17 | 19 | 1.3% |
| | | | | | | |
| Tuberculose | 0 | 0 | 0 | 3 | 3 | 0.2% |
| Poliomylitis | 2 | 0 | 0 | 0 | 2 | 0.1% |
| Coqueluche | 0 | 0 | 0 | 0 | 0 | 0.0% |
| Diphteria | 0 | 0 | 0 | 0 | 0 | 0.0% |
| Tetanos | 0 | 0 | 0 | 0 | 0 | 0.0% |
| Paludisme | 0 | 1 | 2 | 15 | 18 | 1.3% |
| MST | 0 | 0 | 0 | 0 | 0 | 0.0% |
| | | | | | | |
| Infections urinaire | 0 | 0 | 0 | 38 | 38 | 2.7% |
| Infections dermiques | 3 | 19 | 12 | 4 | 38 | 2.7% |
| Traumatologie | 1 | 3 | 3 | 5 | 12 | 0.9% |
| Brulures | 0 | 3 | 0 | 5 | 8 | 0.6% |
| Autres | 16 | 21 | 26 | 576 | 639 | 45.4% |
| | | | | | | |
| Total | 211 | 217 | 175 | 806 | 1409 | 100.0% |
| Hospitalisation | 0 | 0 | 0 | 0 | 0 | |


Cases of acute Gastroenteritis HERAT Hospital 1994
500
400
300
200
100
0
Jan.
Feb.
March
April
May
June
July
Aug.
Sept.
Oct;
Nov;
Dec.


HERAT Hospital Admissions 1994
900
800
700
600
500
400
300
200
100
0
Jan.
Feb.
March
April
May
June
July
Aug.
Sept.
Oct;
Nov;
Dec.


450
400
350
300
250
200
150
100
50
0
Jan.
Feb.
March
April
May
June
July
Aug.
Sept.
Oct;
Nov;
Dec.

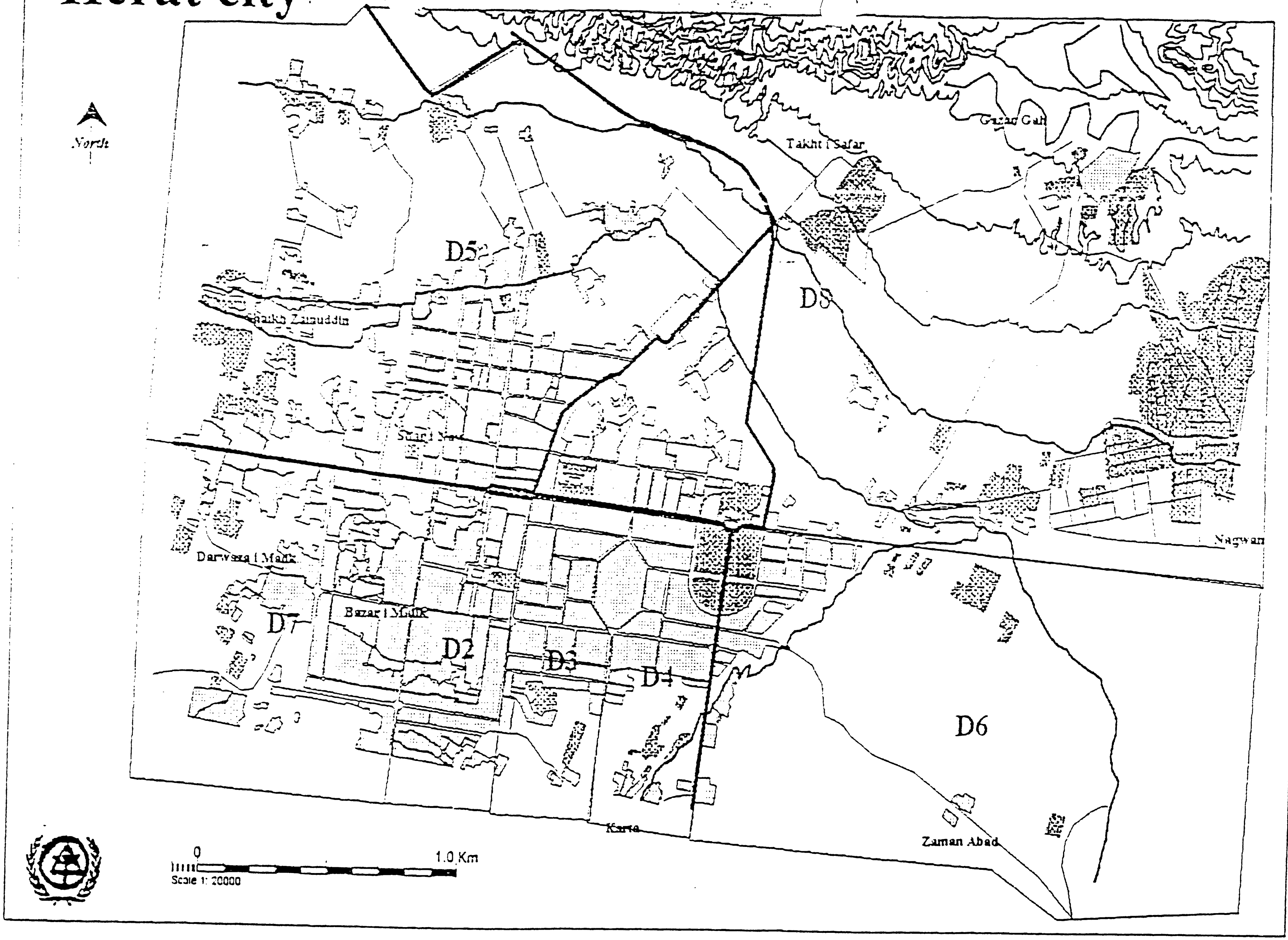


Morbidity in Pediatric Ward - Herat Hospital
(January to December 1994)
Others
Poisoning
Sepsis
Malaria
Pulmonary TB
Measles
Whooping Cough
Diphteria
Poliomyelitis
Tetanos
Rhumatic Heart Disease
Congenital Heart Disease
Fever Convulsions
Epilepsy
TB-Encephalitis
Meningitis
Urinary Tract Infection
Nephrotic Syndrome
Acute Nephritis
Asthma
Bronchopneumonia
Hepatitis
Typhoid fever
Dysentery
Acute Gastroenteritis
0
500
1000
1500
2000
2500

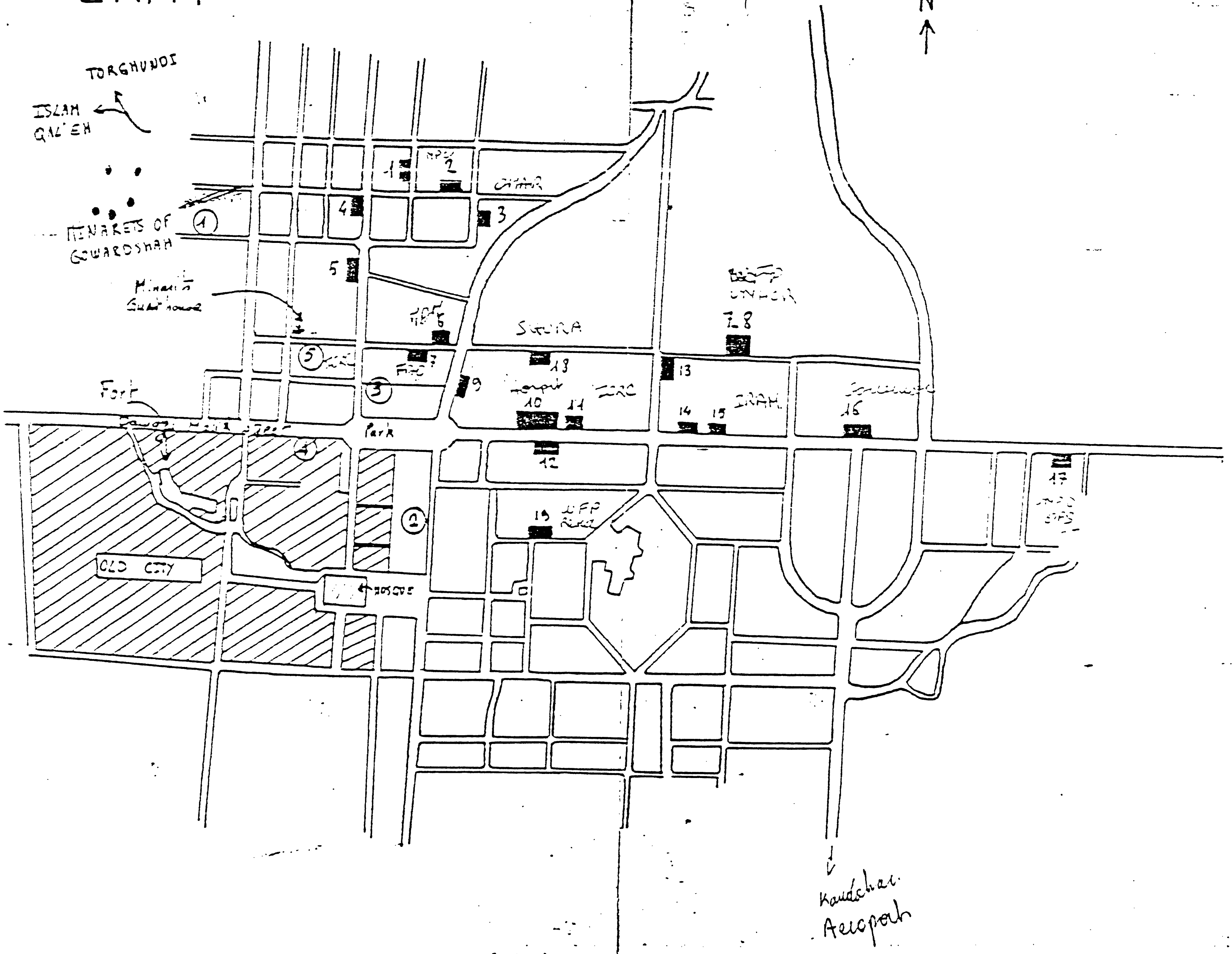
**REHABILITATION HOPITAL FARAH**
**COUT DES TRAVAUX**

| MATERIEL | Unité | Quantités | Px unitaire | Cout | Main d'euvre | | Cout main d'euvre | | Cout | COUT TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | Qualif | Non qualif | Qualif | Non qualif | | |
| 1 Peintures extérieures 1070M2 | | | | | 25 | 50 | 750 000 | 500 000 | 1 250 000 | |
| chaux | Kg | 300 | 700 | 210 000 | | | | | | |
| peinture poudre | pot | 6 | 48 600 | 291 600 | | | | | | |
| colle | Kg | 24 | 3 000 | 72 000 | | | | | | **1 823 600** |
| 2 Peintures interieures 3375M2 | Kg | 1180 | 15 000 | 17 700 000 | 225 | 100 | 6 750 000 | 1 000 000 | 7 750 000 | **25 450 000** |
| 3 Peintures portes fenetres 1000M2 | Kg | 300 | 15 000 | 4 500 000 | 100 | 100 | 3 000 000 | 1 000 000 | 4 000 000 | **3 500 000** |
| 4 Peintures plafonts 581M2 | Kg | 127.5 | 15 000 | 1 912 500 | 32 | 15 | 960 000 | 150 000 | 1 110 000 | **3 022 500** |
| 5 moustiquaires portes fenetres | | | | | 6 | 3 | 180 000 | 30 000 | 210 000 | |
| Tissus moustiquaires | M2 | 122 | 10 000 | 1 220 000 | | | | | | |
| Bois | M2 | 25 | 50 000 | 1 250 000 | | | | | | **2 630 000** |
| 6 reparation portes | | | | | 5 | | 150 000 | | 150 000 | |
| cadenas | unité | 25 | 15 000 | 375 000 | | | | | | |
| charnieres | unité | 20 | 2 000 | 40 000 | | | | | | **565 000** |
| 7 Electrécité | | | | | 13 | | 390 000 | | 390 000 | |
| interrupteur | unite | 80 | 2 500 | 200 000 | | | | | | |
| prise courant | unité | 80 | 2 500 | 200 000 | | | | | | |
| neons | unité | 50 | 16 000 | 800 000 | | | | | | |
| ampoule | unite | 100 | 1 000 | 100 000 | | | | | | **1 690 000** |
| 8 Plomberie | | | | | 20 | | 600 000 | | 600 000 | |
| lavabos | unité | 8 | 110 000 | 880 000 | | | | | | |
| wc | unite | 5 | 180 000 | 900 000 | | | | | | |
| douche | unité | 2 | 85 000 | 170 000 | | | | | | |
| évier | unité | 2 | 300 000 | 600 000 | | | | | | |
| robinets | unité | 4 | 100 000 | 400 000 | | | | | | **3 550 000** |
| 9 Enduit platre | | | | | 8 | 6 | 240 000 | 60 000 | 300 000 | |
| ciment | sac | 6 | 20 000 | 120 000 | | | | | | |
| sable | M3 | 1 | 10 000 | 10 000 | | | | | | **430 000** |
| 10 Nettoyage fosse ceptique | M3 | 100 | | | | | | | 1 000 000 | **1 000 000** |
| 11 Faillance murs salle d'op+chambres | | | | | 30 | 10 | 900 000 | 100 000 | 1 000 000 | |
| faillance | M2 | 60 | 30 000 | 1 800 000 | | | | | | |
| ciment | sac | 12 | 20 000 | 240 000 | | | | | | |
| sable | M3 | 2 | 10 000 | 20 000 | | | | | | **3 060 000** |

# Herat city


North
Gazar Gah
Takht i Safar
D5
D8
Nagwan
Darwaza i Malik
Bazar i Malik
D7
D2
D3
D4
D6
Karta
Zaman Abad
0
1.0 Km
Scale 1: 20000

# HERAT


N
TORGHUNDI
ISLAM QAL'EH
MINARETS OF GOWARDSHAH
Minarets Guest house
Fort
Park
SHURA
UNHCR
IRAH
WFP
OLD CITY
MOSQUE
Kandahar
Aeroport
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19

CONTENTS:

# UNITED NATIONS' WALKIE TALKIES' CODES

## HERAT - AFGHANISSTAN

| AGENCY'S NAME | HOLDER OF WALKIE TALKIE | CODE | CHANGES |
|---|---|---|---|
| UNOCHA | MR. MEHARY | SIERRA | |
| UNOCHA | MR. FAZAL | SIERRA ONE | |
| UNOCHA | MR .QAUM | SIERRA TWO | |
| UNOCHA | | | |
| UNOCHA | | | |
| WFP | MR. E. KALLON | FOXTRAT | |
| WFP | DR. NOOR AHMAD ADEL | FOXTRAT ONE | |
| P | MR. HEKMATULLAH | FOXTRAT TWO | |
| WFP | MR. M. TAHR W/H MZR | FOXTRAT THREE | |
| WFP | ENG. WASAH | FOXTRAT FOUR | |
| WFP | MR. LAL MULE PATY | FOXTRAT VISITOR | |
| WFP | | | |
| WFP | | | |
| UNHCR | MR. STEVE SPAIN | ROMEO ONE | |
| UNHCR | MS. DOROTA | ROMEO ~~TWO~~ THREE | |
| UNHCR | MR. ADEL JARMIN | ROMEO ~~ONE~~ TWO | |
| UNHCR | MR. KARIM | ROMEO SEVEN | |
| UNHCR | | | |
| UNHCR | | | |
| UNICEF | MR. RUDI | CHARLIE | |
| UNICEF | DR. H. KATIBI | CHARLI TWO | |
| UNICEF | MS. FAHIMA | CHARLI FOUR | |
| ICEF | | | |
| UNICEF | | | |
| WHO | DR. S. YOUSEEF | NOVEMBER ONE | |
| WHO | DR. RABANI WARDAK | NOVEMBER TWO | |
| WHO | MR. AMAL | NOVEMBER THREE | |
| WHO | | | |
| WHO | | | |
| OPS | A. SERVALS | OSCAR | |

# TELEPHONE GUIDE

| Name | Position | Address | Phone NO. | Exton | Change |
|---|---|---|---|---|---|
| Bismullah Bismol | President | Education Dept | | | |
| Sultan Mohd Wardak | | Agriculture Dept & home | 2015 & 2575 | | |
| | | Mustofiat (account office) | 2240 | | |
| | | Radio | 3507 | | |
| | | Television | 2252 | | |
| | | Cultural & information Dept | 3313 | | |
| | | Customes | 3215 | | |
| | | Fire Section | 27 | | |
| Nazari | President | Communication Dept | 2009 | | |
| | | Information Dept | (0) 15 | | |
| | | Higher Education Dept | 2079 | | |
| | | Claims Dept | 2113 | 29 | |
| | | Park Hotel | 3010 | | |
| | | Ariana | 2315 | | |
| M A Khortson | G. Consulate | G. C of Iran | 2820 | | |
| Shafi | Assistant | G. C of Iran | 2821 | | |
| Dehghan | Assistant | G. C of Iran | 2830 | | |
| | | Red cressient | 2236 | | |
| | | DACAAR | 3277 | | |
| | | Narwagion Committee | 2629 | | |
| | | German Aid Committee | | | |
| | | MDM | 3569 | | |
| | | UNOCHA & HOME | 3488 & 3180 | | |
| | | WFP | 2639 | | |
| | | WHO | | | |
| | | ~~FAO~~ UNDP/OPS | 2125 | | |
| | | UNICEF | | | |
| | | UNHCR | 3502 | | |
| Amir Ismaiel Khan | Governer | Herat Province Admin Dept | 2414 | | |
| Amir Ismaiel Khan | Governer | Herat Province Admin Dept | 2654 | | |
| Haji Mir Ab. Khaliq | Assistant | Herat Province & home | 2187 & 2123 | | |
| Dr. Yusuf | | Adminstrative | 2512 | | |
| Ab. Rahman Foroq | Representative | Foreign Dept | 2513 | | |
| Dr. Tayer | | State Security Dept | 3264 | | |
| Gh. Sarwar Khan | Director | Da Afghanistan Bank | 2615 | | |
| | Assistant | Da Afghanistan Bank | 2653 | | |
| Ziaiy | | Behzad Reconstruction COM | 2734 | | |
| | | Transportation Dept | 2215 | | |
| Sayd Ab. Qaum | Director | Fuel Dept | 3314 | | |
| | | Repatriation Dept | 3210 | | |
| | Assisstant | Repatriation Dept | 2611 | | |

# TELEPHONE DIRECTORY: HERAT CITY

MINARITS GUEST HOUSE....................3048
IAM.....................................2772/3321 (PRIVATE)
MDM.....................................3569
MDM STAFF HOUSE KALAI NAO...............(OPERATOR)
KALAI NAO GENERAL HOSPITAL..............(OPERATOR)
FACULTY OF MEDICINE.....................3481
HOSPITAL................................3412-3413
BLOC OP......3410
UNOCHA..................................OFFICE.......3488
STAFF HOUSE..3180
UNHCR...................................3502
NPO.....................................2629
OPS.....................................2125
ICRC....................................2236
ARCS....................................2550
OMAR....................................3024
CHA.....................................2752
DACAAR..................................3277
WHO.....................................3411/3180 (PRIVATE)
...T.....................................2410
...RKMENE CONSULATE.....................3534
... CONSULATE...........................2830/2820/2821
GOV...NMENT ADMINISTRATION..............2512
Mr YUSSUFI....2513
GOVERNOR OFFICE.........................2513/2511
DEPUTY GOVERNOR OFFICE..................3148/2052
PTT.....................................2009
FIRE STATION............................2721
SECURITY POLICE.........................2120
GENERAL TRANSPORT.......................2215
DA AFGHANISTAN BANK.....................2615 * ->
MONEY EXCHANGE..........................3284
CHAMBER OF COMMERCE.....................3250

KEY MAP

☐ Agencies and NGOs
◯ Stores and shops

UNOCHA/UN STAFF HOUSE N1
N... 'BNSP
(...R
...CEF GUEST HOUSE
ICI
MDM
FAO
UNHCR/IOM/WFP
UNOCHA/UN STAFF HOUSE N2
HOSPITAL/WHO/MDM
11 ICRC ORTHOPAEDIC CENTRE
12 DACAAR
13 UNICEF
14 UNHCR/OPS RESIDENCE
15 IRANIAN CONSULATE
16 GOVERNOR'S HOUSE
17 UNDP/OPS
18 SHURA FOR REHABILITATION
19 WFP RESIDENCE

STORE OF MR NASAR AHMAD: STEEL AND GALVANIZED SHEETS, PLASTIC , GALVANIZED PIPE, IRON BARS AND SO ON.
BOLTS SHOP: BOLTS, NUTS, WASHERS, GRINDER WHEELS, SAND ...RS.
ANSARI MARKET: MR MIRHAJ DIN: PLASTER OF PARIS AND PLASTIC ...HER FOR COVERING.
SHOP OF MR NASAR AHMAD. TEL: 2295
SAWMILL

75th Birthday 1991

**Save the Children**

**Anne Beardshall**
Programme Manager, Afghanistan

Herat Office:
4th Section, Mukhabarat Road,
House No. 777
Central Tel: (O).
Please ask for No: 56

H. No. 194 A,
College Road,
F 7/3, Islamabad
Tel. 218213, 218214
Fax: 221403
Telex. 5585 UNCEF PK

The Save the Children Fund
17 Grove Lane
London SE5 8RD
Telephone 071 703 5400
Fax 071 703 7610

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IOM
OIM

**ROBERT S. ADAMS**
Chief of Sub Office Herat
International Organization for Migration

House 43, Street 27
Sector F-6/2, Islamabad
Pakistan

Tel: 822968 - 819248
Tlx: 54025 IOMIS PK
ISBICCR (SITA)
RADIO CALL : ROMEO HOTEL

---

UNITED NATIONS
HIGH COMMISSIONER FOR REFUGEES

*Ayman Y. Gharaibeh*
SWANAME BUREAU
FIELD OFFICER

P.O.BOX 950787
AMMAN 11195 JORDAN
TEL.(962 6) 662 - 162

UNHCR
C.P. 2500
CH - 1211 Genève 2 Dépot
Switzerland

---

**Organization for Mine clearance and Afghan Rehabilitation (OMAR)**

**Eng. Naik Mohammad**
**Officer Incharge**
**OMAR - Herat**

House N
2, G2, Phase -II
Hayatabad, Peshawar.
Tel: 812084-812919

Baghchi- Mehter
Nahia 5, Jada-e-Kage, S.Abdul
Razzaq House, Herat - Afghanistan
Phone: 3024

---

DACAAR
Danish Committee for Aid to Afghan Refugees

**JORGEN JESSEN**
Programme Manager
Rehabilitation West (HERAT)

*HEAD OFFICE:-*
Jade Welayat
Opp. City Hospital Herat.
Phone:- 3277
Telex:- 583 492 380 170
(Inmarsat)

*MAIN OFFICE:-*
10 Gul Mohar lane
Peshawar Pakistan
P.O. Box 855 University Town.
Tele (0521) 840516 - 40731
Fax:- (0521) 840516
Telex:- 52307 DACAAR PK.

---

Mohd. A.Jawad.
Assist.President of Postal Admin
Ministry of Communications.
Kabul-Afghanistan.
Tel : 24950. Res. 41852.

---

Consulate of Turkmenistan in Herat
Afghanistan

**MOHAMMAD AMAN YARANOV**
Consul

Herat c.,
Ph.: 35-34

---

**Patricia Sellick**
Shared Resource Unit Officer
British Agencies Afghanistan Group

British Refugee Council
Bondway House
3/9 Bondway
London SW8 1SJ

Tel: 0171-582 6922
Fax: 0171-582 9929
Telex: 265871 MONREF G
Quote MB No. 72 MAG96014

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Juhani Mäkilä
Project Manager - community development
INTERNATIONAL ASSISTANCE MISSION
HERAT PHONE 2772 3321
JADE WELAYAT
هیئت معاونت بین المللی
هرات تلفن ۲۷۷۲ ۲۳۲۱

| | MATERIEL | Unité | Quantités | Px unitaire | Cout | Main d'euvre | | Cout main d'euvre | | Cout | COUT TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | Qualif | Non qualif | Qualif | Non qualif | | |
| 12 | Installation pompe | | | | 4 000 000 | 10 | 20 | 800 000 | 200 000 | 1 000 000 | 5 000 000 |
| 13 | Evacuation | M2 | 150 | | | | | 1 500 000 | | 1 500 000 | 1 500 000 |
| 14 | Carrelage sol 250M2 | | | | | 50 | 70 | 1 500 000 | 700 000 | 2 200 000 | |
| | carrelage | M2 | 250 | 12 000 | 3 000 000 | | | | | | |
| | ciment | sac | 54 | 20 000 | 1 080 000 | | | | | | |
| | sable | M3 | 20 | 10 000 | 200 000 | | | | | | 6 430 000 |
| 15 | Faillance pleintes couloir 190ML | | | | | 5 | 5 | 150 000 | 50 000 | 200 000 | |
| | faillance | M2 | 19 | 15 000 | 285 000 | | | | | | |
| | ciment | sac | 6 | 20 000 | 120 000 | | | | | | |
| | sable | M3 | 1 | 10 000 | 10 000 | | | | | | 615 000 |
| 16 | Evacuation | | | | | 20 | 20 | 600 000 | 200 000 | 800 000 | |
| | pvc 4" | M | 194 | 9 000 | 1 746 000 | | | | | | |
| | pvc 2" | M | 103 | 6 000 | 618 000 | | | | | | |
| | pvc 4" T | unité | 20 | 3 500 | 70 000 | | | | | | |
| | pvc 2" T | unité | 15 | 2 500 | 37 500 | | | | | | |
| | pvc 4" coude | unité | 15 | 2 500 | 37 500 | | | | | | |
| | pvc 2" coude | unité | 6 | 3 500 | 21 000 | | | | | | |
| | vanne 4" | unité | 1 | 150 000 | 150 000 | | | | | | |
| | colle | | | | 200 000 | | | | | | 3 680 000 |

OBJECTIVES:

Due to the population indicators of the April assessment being exceeded, a second mission to Herat was undertaken.

The objectives of the mission were :

1. - To give a general update of present situation.

   - Collect information on Herat and other resources.

2. - Investigate the repatriation process:

   - Verify the actual influx and transit data.

   - Collect nutritional and health status of returnees.

   - Collect information on final destination of the returnees.

3. - Formulate a preparedness plan for an emergency intervention, including possible site location, medical and non medical requirements and national and international needs.

   - Advice on, and formulation of an emergency preparedness program.

4. - Prepare a conclusion and recommendation related to the present situation.

   - If the need arises, to prepare a time frame for initiation of an appropriate response.

The mission was accountable to the three country managers of MSF sections in Afghanistan. For reasons of efficiency, information will be channelled through the MSF coordinator in Peshawar. He is responsible for the distribution of details to the other coordination activities.

## 1. GENERAL SITUATION:

### 1.1 HERAT CITY:

Herat ( altitude: 920 m ) is the major urban centre for western Afghanistan and services the provinces of Herat, Bagdghis, Ghor and Farah. As it lyes only 120 kilometres east from Islam Qala (Iranian border) and has become the receiving grounds for repatriating Afghans from Iran. It is here that the returnees are sheltered while awaiting transit back to their place of origin. There is no city power and the water supply and other facilities, are being stretched to their limits to meet the current demand. As long as the political situation remains rather calm and with the roads remaining open, an even flow of new and departing returnees helps prevent any major overcrowding in the town and camps.

**Total Population figures** for 1995 including returnees (WHO)

| | Total | Women | Children (0-15 y.o.) |
|---|---|---|---|
| Herat City | 195,383 | 36,498 | 32,649 |
| Herat Province | 999,548 | 186,716 | 167,024 |
| Farah Province | 473,215 | | |
| Ghor Province | 470,629 | | |
| Badghis Province | 357,496 | | |

### 1.2 Political situation:

The province is under the control of Haji Ismael Khan, Tajik commander, allied with Massoud. There is a functioning government infrastructure that covers all the main sectors including: agriculture, health, water, sanitation, social services, education, police, foreign relations and repatriation. The efforts of Haji Ismael Khan to disarm the civilian population has been partially successful. Few weapons are seen on the streets and some former opponents are now working together in the government institutions and ministries.

Since March 1995 Ismail's forces have been engaged in fighting the Taleban in the southern province of Farah. On 29 April the Taleban forces were pushed back to the Farah Rud, where they are at present. Roads have been accessible from this time allowing for the repatriation process from Herat.
The Un Agencies and NGO's work in close collaboration with the local government structures, supplementing and strengthening their core activities. Because of the political attachment, UNHCR is giving priority to the local infrastructure hoping to provide assistance to the returnee community. This is in a hope of ensuring a managed return of refugees so as not to set back the process of rehabilitation.

There is no intention of the UN to officially plan for or undertake new camps of any sort in or around Herat at this time. Unofficially areas have been located if back log of returnees occur. If this is done, to prevent the Iranian authorities from assuming they can speed up the agreed repatriation process. As the UN funds Iran for the repatriation process, they threaten that should people start accumulating in Herat for any major reason, the funding will be halted until the transit flow out of herat continues. This is understood to be a sure method of at least limiting the flow to a minimum.

The NGO's in Herat are focused mainly on rehabilitation and development, therefore having limited understanding and capabilities for relief and emergency work. Most appreciate the possible occurring crisis and hence support the UN with their approach.

## 1.3 General Health issues.

### Mulki hospital

This is a huge building, built by the former East German Republic, before the soviet war. For the country, this can be considered as a mid level hospital: the hospital is rather clean although water is on town supply, frequent stoppages occur. There is an abundance of qualified medical staff, who all attend daily working hours, paid by the government ( a doctor: 80'000 Afghs, a nurse: 40'000 Afghs ). For 2 years now MDM has been working in the paediatric ward, the obstetric ward and a recently a therapeutic feeding centre was opened. For the same period, DAC has been working in the surgical ward.

Hospital capacity:

- Paediatric ward and therapeutic feeding: 96 beds
- Obstetric ward: 40 beds
- Surgical ward: 150 beds
- Other wards: Medicine, Laboratory, Malaria, Leishmaniasis, T.B. programme, EPI.

### Health for total population.:

A concentration of resources, including skilled personnel in Herat city has aggravated the severe inequity between rural and urban centres. The main objectives of WHO are to rehabilitate the health service (through the MoH) and to establish an emergency preparedness capacity by implementing a program of village health volunteers training, with the hope of creating a link between the communities and the health centres. (Public awareness).

WHO has also set up a health coordination committee with the aim of coordinating the activities of the UN and NGO's in the field of health.

Leading health problems were reported as:
a. Tuberculosis, which within the hospitals is a main cause of mortality.
b. Diarrhoeal diseases. Mostly amongst the children. To combat this, WHO is distributing ORS to the population and establishing ORT centres in the health facilities. It also provides drugs and training through public health education and the mass media.
c. Malaria, More so out side of herat in the low lying areas of afghanistan. However due to the low immunity with the returnees from Iran, this could become of equal relevance in Herat.
d. EPI for the six deadly childhood diseases has been intensified but is not yet adequate.
e. Cutaneous Lieshmanias, which is endemic.

A Food for work program, through WFP and WHO is intended to provide better health management and local hygiene.

Fuel is also a limited financial and limited commodity for the hospital. UN and MDM provide an average of 1,000 litres / mth to help cover this issue.
Drug addiction is a recognised problem amongst the returnees. IAM have been requested by the government to develop a programme in response.

## 1.4 Water and sanitation.

An increase in the population because of the returnees will have an effect on the water supply. Already only 70 % of the water demands are being met. In some cases the water table is too shallow, and the water is of poor quality. Chlorination is often necessary to prevent spread of water borne diseases.
Food for work programs are being coordinated through the govt by the UN to help in garbage, sanitation and other hygiene issues.

UNDP is conducting 2 urban programs. One, a Neighbourhood Action program, aims to support small scale improvements for physical and social living conditions, and the second is a Municipal Infrastructure Programme, giving technical institutions support in management, implementation and repairs with water supply, sanitation, solid waste disposal, access and drainage.

DACAAR is extensively involved both in the camps and local areas with the installation of wells and pumps to enable sufficient public access to quality water.

## 1.5 Shelter:

There is a lot of construction being undertaken. There is an abundance of skilled tradesmen and labours. Timber and building stocks are plentiful but expensive. (Wood more expensive than steel) Rent is on the uprise due to demand. Overcrowding is a prime concern. Problems also occur when returning refugees try to reclaim their homes. As long as the returnees are able to transport rebuilding materials with them from Iran, shortage of materials is not such a problem.

### 1.6 Food:

UN agencies are taking the view that, because returnees with documentation have already received wheat at the border, which should be sufficient for two months, wheat should not be provided to returnees in the camps. In case of further need arising, WFP has a plan for 45 days emergency provision for 40,000 persons. Present local food resources are in plentiful supply. UNHCR and WFP feel confident that adequate goods are available and that no great input will be needed for at least the next 2 months.

### 1.7 Money:

The money is different in the governmental zone and Dostum zone.
1 - The governmental zone: 5'000 and 10'000 bank notes are available and strictly forbidden in the other zone. In Herat, the Dollar's rate was 4'400 Afghs for 1 $.
2 - The Dostum zone: New 1'000 bank notes have been printed, they are forbidden in the governmental zone. These new bank notes are easily recognisable by their size (bigger) and by their number. The Dollar's rate was 4'800 Afghans.
Bank notes in common: old 1'000, 500, 100 and small bank notes.

Most of the information was collected from the UNHCR office ( Mr Ayman ), in the Gozarga Transit Camp ( GTC ) with IOM staff ( Mr Mohammed Asghal and 2 doctors ) and with the MDM team.

### 1.8 Transportation:

**Flights:**

- From and to Islamabad: UN flight, every Tuesday, Wednesday and Sunday, $ 400 .

| | |
|---|---|
| - From Peshawar: | - ICRC, no fixed day, free of charge. |
| - From Mazar: | - UN: flight every Tuesday, 230 $. No return to Mazar with UN flight. |
| - ICRC: | - once weekly to most afghan locations. schedules depending on their needs, same to return. |
| - From Kabul: | - ARIANA ( Peshawar- Kabul )<br>- ICRC |
| Bookings: | - UN: in the UN guest house<br>- ICRC: in their office, request before the Tuesday noon, answer on Thursday for a flight during the next week ( the week starts on Saturday ). |

**Taxis:** are available at 6 - 8,000 afghs / hr or can be negotiated at daily rates.

### 1.9 Communication:

MDM have both Fax and satellite phone. It is not a problem to use this facility, at a price.

## 2. THE REHABILITATION PROCESS,.

**NOTE:** During the rehabilitation process, individuals while in Iran are referred to as **REFUGEES**. The same person after entering Afghanistan is called a **RETURNEE**.

### 2.1 ORGANISATIONS DEALING WITH RETURNEES:

a. - UNHCR: contact persons: Ayman Y Ghraibeh.
b. - IOM ( International Office for Migration ): Bob Adams
c. - MDM: Dr Andreas Werner,
d. - DACAAR, Steen W Wetlesen.
e. - WFP - Richard Verbeek

### 2.2 Iranian, Afghanistan.

**IRANIAN SIDE:**

The Iranian authorities consider 2 kinds of afghan people:
- 1 ) People who arrived during the soviet war, before 1989 are considered **legal refugees**, at that time they were issued a refugee identification card. It is estimated around 500'000 individuals are in this category. These refugees are the ones which receive requests to leave Iran. No job is allowed for them.
- 2 ) People who arrived after 1989 or people who repatriated once and crossed again to Iran. Iran considers them as **illegal economical migrants**. They are estimated around 400'000. Last year they were told to leave the country and given an 8 month pass to do so. This pass expired on 31st March 1995 and it is these people that face forced repatriation, more so than the 'legal' refugees. No job or economic support is allowed for them.

**Iranian policy:**

UNHCR-Iran / IOM-Iran are involved with the Iranian government during the returnee process.
The concern of the Iranian government seems to have some limits: Interviewed afghans from Iran tell of their inability to receive social benefits, or send their children to school. Their businesses have been closed and police patrols in some cases harass and forcibly remove people from their homes and sent to camps until a truck can transport them to Afghanistan. Several also mentioned how there homes were broken into and how families were separated during forced removal of family members. Most afghan refugees are from Mashad with others from the surrounding villages. There is no existing registration of the people and of their province of origin within Iran and only until they reach the transit camps do they become registered for onward transport. Double stories tend to confuse the issue and seeing families with a lot of household material shows that they had had time to pack their things. On the other hand, some families while waiting for relatives tell how they only had a few hours to evacuate their homes.
From the beginning, UNHCR is listening to these complains. A few months ago, an expatriate came from Geneva and spent 3 weeks in Islam Qala interviewing returnees. His report was not available.

## 2.3 Transportation.

From Mashad to Islam Qala:
IOM organises the transport of refugees from Mashad to a transit camp, inside Iran. In that camp, they register those who have a refugee card and only these refugees benefit from the UN assistance: connection to their supposed destination in Afghanistan and an encashment card allowing them to receive $ 25 US and 50 kg wheat / pers. a jerry can and a piece of 4 x 4 meters of plastic sheeting is given per family.
The money is given in Rials, the change is done at the border, at a rate between the official and black market rate.

After this stage, IOM transports them to the Afghan-Iranian border: Islam Qala which is a no man's land. It may take 2 or 3 days from Mashad to I.Q. IN I.Q. the trucks of load the people and their belongings. Often 1 truck can only transport 1 family due to the quantity of goods taken: furniture, clothes, doors, windows, food stock, fuel ( cheap in Iran and very expensive in Herat )...

To come from Islam Qala ( I.Q.) to Herat:
As delays occur at the border, All kinds of people try to benefit from the UN's transport service, from refugees, and "illegal" migrants, to the business men and smugglers. To prevent abuse of the system, IOM and UNHCR decided not pay for transport of anyone from I.Q. to Herat. It is felt that once in Herat only the returnees will go to the transit camps and thus be able to benefit from added assistance from there. Private trucks on the border charge the people: 150'000 to 300'000 Afghans. Price abuses by the private trucks was stopped by UNHCR through Ismael Khan; however after talking to some returnees we discovered it has started again: Some charges of 500 and 800,000 Afghans for 1 truck were recorded.
Returnees arrive in Herat after 120 km, (about 3-4 hrs).

There are 3 other cross points, south of the province, these points are less used than I.Q. by people who live just on the other side of the border. For long distance repatriation, the Afghans know that the gathering point is Herat.